

Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Lincoln Troy Public Schools 0519 0520 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 7 16.3 71 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1HVLPUXN9JH554362 347 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0519 0520 60.00 40.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee

Signature - Chair, County Transportation Committee



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Due Date All Routes				Cou tobe	inty Supt r 1	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number		District Nam	пе		Legal Entity Number
Lincoln			27		Trov Pub	lic Schools		0519 0520
Route #	Length o	of Route (miles per day)		Type of Ser	vice Bus Route Mi		Rated Capacity
4	30.4				Bus Rout	□ Non Bus Mile e Mileage	age	71
Vehicle I.D. #	Lic	cense #					District Own	ned
1BAAHCSH1NF049367 233						f so, Name of Owner rate per mile		
Reimbursement Distribution- Er	nter the le	gal entity			f state/county ch budget!	reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity Legal Entity			,	naic	Legal Entity		Legal Entit	ty
0519	0519 0520							
% 60.00		% 40.0	00		%		%	
PASSENGER INFORMATION		70 101			,,,		,,,	
Number of Preschool/Kindergar	ten pupils	s riding	ELEMENTARY (Grades P		_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
		a NUMBE			b NUMBEF	1	C	
Regular (include eligible Preschool/l	Kindergarte	en riders)	NOIVIDE	-K		NOWBER	<u> </u>	a + b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinders	eement that be eligible	t would e)						
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Signature - Chair, Board of Trustees	•						Date	
County This Application for Registration area assigned to it by the Coun	of Schoo	ol Bus and	State Reimbursemen			ordance with Section 2 wed and I certify that this		
Signature - Chair, County Transport	ation Comn	mittee					Date	



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Due Date : All Routes				Cou obe	nty Supt r 1	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number		District Nan	ne		Legal Entity Number
Lincoln			27		Troy Pub	lic Schools		0519 0520
Route #	Length of	of Route (miles per day)		Type of Service ☐ Bus Route Mi			Rated Capacity
5	52				Bus Rout	□ Non Bus Mile e Mileage	age	72
Vehicle I.D. #	Lic	cense #			District Owned District Owned			
4DRBUAAP15B972700	67	71				If so, Name of Owner I rate per mile		
Reimbursement Distribution- Er	nter the le	gal entity				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity Legal Entity				natc	h budget! Legal Entity		Legal Entit	ty
0519		05	20					
% 60.00		% 40.0	20		%		%	
PASSENGER INFORMATION	50		70		70	_		
			ELEMENTARY (Grades P		_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
		a NUMBE	a NUMBER		b NUMBER	b NUMBER		
Regular (include eligible Preschool/h	Kindergarte	en riders)	NOMBL	-11		NOMBE		a + b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,	under 3 mil	iles OR						
nonresident and no attendance agree otherwise allow nonresident riders to	o be eligible	e)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		rs)						
TOTAL RIDERS								
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lick We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts still We understand route changes of accordance with 20-10-132, MCA.	We further bus and bus meets the rensed, qual liciting or cathe laws, rues district linhall be attaccurring dur	certify that s route by the minimum statified and a ausing othe rules or regulates or regulates or regulates ones and trailiched to the tring the sch	this bus transports pupils he State Superintendent; the State Superintendent; the standards as established by proved driver to operate rs to solicit students from allations governing school ansports students from out county superintendent's cool year require the filing	eligil to ma by the such othe trans side copy of ar	ble for school take such report Be Board of Publ De vehicle as recent transportation Sportation will be the district, a cof this document amended TR	ransportation as defined by the State Superintend ic Education, the Montana quired by 20-10-103, MCA. In areas. The sufficient cause for withhopy of the agreement betweent.	v 20-10-101, MC ent and County : Highway Patrol olding of state a een Boards, 20-	SA. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for bus operates on the route as ap	registratio	on of school	ol bus and state reimb	urse ervir	ment is true a	and complete to the bes	st of my knowle	edge and belief, and the mmittee.
Signature - Chair, Board of Trustees		, ******	and hampertation of	J. VIC	a.	July 11di	Date	
County	Trancocri	tation Co	mmittee Approval as	roc	uired in acc	ordance with Section	20-10-132 MC	· ^
This Application for Registration area assigned to it by the Count	n of Schoo ty Transpo	ol Bus and ortation C	State Reimbursemen				s bus operates	
Signature - Chair, County Transport	ation Comn	mittee					Date	



This form is required in accorda receives state reimbursement e					one form for ea	ch bus route that	
Due Dates		•	ounty Supt	To OPI	R	ate Per Mile	
All Routes		Octob		October 15	\$	1.57	
County Name		County Number	District Nar	me		Legal Entity Number	
Lincoln		27	Troy Pub	olic Schools		0519 0520	
Route #	Length of Route	(miles per day)		Type of Service Bus Route Milea		Rated Capacity	
1	89.7		Bus Rou	□ Non Bus Milea te Mileage		75	
Vehicle I.D. #	License #		□ District Ow	ned D	istrict Owne	ed	
1BABKC7A2RF061678	1BABKC7A2RF061678 444		□ Contract - If so, Name of Owner□ Contracted rate per mile				
Reimbursement Distribution- Er	nter the legal entity			y reimbursement to be pa	aid to each dist	rict. Note: Percentages	
Legal Entity	Legal Enti		tch budget! Legal Entity	/	Legal Entity		
0519	(0520					
% 60.00	% 40	0.00	%		%		
PASSENGER INFORMATION	/6 40	J.00	/0		/0	_	
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY R (Grades PK-	_	HIGH SCHOOL F (Grades 9-1	_	TOTAL ELIGIBLE RIDERS	
		a NUMBER	a NUMBER		b NUMBER		
Regular (include eligible Preschool/k	Kindergarten riders)	NOWBER		NOMBER		a + b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderc	ement that would be be eligible)						
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This Application for Registration	of School Bus ar						
area assigned to it by the Count Signature - Chair, County Transports		Committee.			Date		



This form is required in accorda receives state reimbursement e				t official must complete one form to the services.	
Due Date All Routes			Sounty Supt ober 1	To OPI October 15	Rate Per Mile \$1.57
County Name		County Number	District Nar	me	Legal Entity Number
Lincoln		27	Troy Pub	lic Schools	0519 0520
Route #	Length of Route	(miles per day)	Type of Se	rvice Bus Route Mileage	Rated Capacity
2	128.6		Bus Rou	□ Non Bus Mileage te Mileage	71
Vehicle I.D. #	License #		□ District Ow	ned District C	Owned
1HVBRABP41A938099	568			If so, Name of Owner I rate per mile	
Reimbursement Distribution- Er	nter the legal entity		e of state/county atch budget!	reimbursement to be paid to each	h district. Note: Percentages
Legal Entity 0519	Legal Entity		Legal Entity	Legal	Entity
% 60.00	% 40.	.00	%	%	
PASSENGER INFORMATION Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Ph	_	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
		a NUMBEI	R	b NUMBER	c a + b
Regular (include eligible Preschool/l	Kindergarten riders)	.,			u . z
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Linda McCulloch, Superintendent

School Year 2005 - 2006 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Lincoln Libby K-12 Schools Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 17 70 77 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Harlows School Bus Service 1HVBBPLP3PH527329 P815 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0522 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Due Date All Routes		To Co Octol	ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	District Nan	ne		Legal Entity Number	
Lincoln		27	Libby K-1	12 Schools		0522	
Route #	Length of Route	(miles per day)		Type of Service ☐ Bus Route Mi		Rated Capacity	
11	44		Bus Rout	□ Non Bus Milea te Mileage	ige	77	
Vehicle I.D. #	License #		□ District Ow		ontractor C	Dwned	
1HVBBPLP3PH527315	P810			If so, Name of Owner Harate per mile	larlows Sch	nool Bus Service	
Reimbursement Distribution- En	nter the legal entity		of state/county atch budget!	reimbursement to be pa	id to each dis	strict. Note: Percentages	
Legal Entity Union Control Con			Legal Entity	1	Legal Entit	у	
% 100.00	% 100.00 %		%		%		
PASSENGER INFORMATION	70						
Number of Preschool/Kindergal this route	rten pupils riding	ELEMENTARY F (Grades PK	_	HIGH SCHOOL R (Grades 9-1)	_	TOTAL ELIGIBLE RIDERS	
		a NUMBER	•	b NUMBER		c a+b	
Regular (include eligible Preschool/	Kindergarten riders)	NOWBEN	\	NOMBER		аты	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinder, Nonpublic School Riders (ineligible)	eement that would o be eligible) garten riders)						
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Signature - Chair, Board of Trustees		iiii ale transportation sei	1.50 a.0a a.53ig	inos by the bounty Hans	Date		
County This Application for Registration area assigned to it by the Coun	n of School Bus an	d State Reimbursement I		ordance with Section 2 wed and I certify that this			
Signature - Chair, County Transport	ation Committee				Date		



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This form is required in accordant receives state reimbursement ex					one form for e	ach bus route that
Due Dates	: :		ounty Supt	То ОРІ		Rate Per Mile
All Routes		Octob	per 1	October 15		\$1.57
County Name		County Number	District Nam	ne		Legal Entity Number
Lincoln		27	Libby K-1	2 Schools		0522
Route #	Length of Route	(miles per day)	Type of Ser	Type of Service ☐ Bus Route Mi ☐ Non Bus Mile		Rated Capacity
12	48		Bus Route Mileage			71
Vehicle I.D. #	License #		□ District Owr		Contractor (
1HVBBABPXXH207360	H434			f so, Name of Owner hate per mile	Tariows Sc	moor bus Service
Reimbursement Distribution- En	ter the legal entity		of state/county tch budget!	reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity Legal Entity 0522			Legal Entity		Legal Enti	ty
0522						
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTARY R	IDEBC	HIGH SCHOOL	DIDEDO	TOTAL
Number of Preschool/Kindergart	en pupils riding	(Grades PK		(Grades 9-		ELIGIBLE RIDERS
		a NUMBER			2	c a+b
Regular (include eligible Preschool/K	(indergarten riders)	NOMBER		NUMBER		d i b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., unonresident and no attendance agree						
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
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I certify that this application for r bus operates on the route as ap	-			•	•	•
Signature - Chair, Board of Trustees	, , , , , , , , , , , , , , , , , , , ,	(· · · · · · · · · · · · · · · · · · ·		,	Date	
County T This Application for Registration area assigned to it by the Count	of School Bus and		•		•	
Signature - Chair, County Transporta					Date	



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Helena, MT 59620-2501 School Year 2005 - 2006

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Due Dates All Routes			county Supt ober 1	To OPI October 15		Rate Per Mile \$1.57
County Name		County Number	District Nar	ne		Legal Entity Number
Lincoln		27	Eureka F	Public Schools		0527 0528
Route #	Length of Route	(miles per day)	Type of Se	rvice Bus Route Mil Non Bus Milea		Rated Capacity
6A	85.6		Bus Rou	te Mileage	age	72
Vehicle I.D. #	License #		□ District Ow		District Own	ed
4UZAAXDD74CM32348	196			If so, Name of Owner drate per mile		
Reimbursement Distribution- En	iter the legal entit			y reimbursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Legal Enti		atch budget! Legal Entity	/	Legal Entit	у
0527	(0528				
% 62.00	% 38	3.00	%		%	
PASSENGER INFORMATION	70 30	5.00	70			
Number of Preschool/Kindergarten pupils riding (Grad this route			_	HIGH SCHOOL I (Grades 9-7	_	TOTAL ELIGIBLE RIDERS
		a NUMBE	R	b NUMBER	?	c a+b
Regular (include eligible Preschool/k	(indergarten riders)	NOMBE		NOMBEL	`	415
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
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Non-WC IEP Lists Trans as Related	Service					
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Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)					
TOTAL RIDERS						
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bus operates on the route as ap	proved by and wi	thin the transportation se	rvice area assig	gned by the County Tran	sportation Cor	nmittee.
Signature - Chair, Board of Trustees					Date	
This Application for Registration area assigned to it by the Count	of School Bus ar y Transportation					
Signature - Chair, County Transporta	ation Committee				Date	



This form is required in accordareceives state reimbursement e								
Due Date All Routes				ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number	District Nan	ne		Legal Entity Number	
Lincoln			27	Fureka P	Public Schools		0527 0528	
Route #	Length of	of Route (miles per day)	Type of Sei		leage	Rated Capacity	
_	86.8			D . D	□ Non Bus Mile	age	72	
Vehicle I.D. #		cense #			te Mileage	 District Own		
1HVBBAB9VH468881	30				If so, Name of Owner If rate per mile		eu 	
Reimbursement Distribution- Er	nter the le	gal entity		of state/county		aid to each dis	strict. Note: Percentages	
Legal Entity	l e	egal Entity		atch budget! Legal Entity Legal Entity				
0527			28	Logar Linky		Logar Line	,	
% 62.00 % 38.00		%		%				
PASSENGER INFORMATION		Ī	ELEMENTARY	DIDEDO	HIGH SCHOOL	DIDEDC	TOTAL	
Number of Preschool/Kindergarten pupils riding (Grades Pk		_	(Grades 9-		TOTAL ELIGIBLE RIDERS			
		a NUMBEF)	c a + b		
Regular (include eligible Preschool/Kindergarten riders)			NOWBEI	\	NOWIDE	`	a + b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinders	eement that o be eligible garten rider:	t would e)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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County This Application for Registration					ordance with Section 2			
area assigned to it by the Coun				nao poem reviev		Juo operates	maini ino tiansportation	
Signature - Chair, County Transport	tation Comn	mittee				Date		



Due Dates: All Routes Country Name	This form is required in accordant receives state reimbursement ex						
Eureka Public Schools Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Type of Service Bus Route Mileage Rated Capacity Type of Service Bus Route Mileage Rated Capacity Type of Service Type of Service Bus Route Mileage Type of Service Type of Service Bus Route Mileage Type of Service Type of Se		s:					
Route # Length of Route (miles per day) 7	County Name		County Number	District Nan	ne		Legal Entity Number
Rate Capacity Surface Surfac	Lincoln		27	Eureka P	Public Schools		0527 0528
Sus Route Mileage 72	Route #	Length of Route			Type of Service ☐ Bus Route M		
Vehicle I.D. # License # District Owned Contract. If so, Name of Owner	3A	76.3		Bus Rout			72
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity		License #				District Own	ed
Legal Entity 0527 Legal Entity 0528 Responsible Company of the School Dears of the Legal Entity of the Company of the Comp	1HVBBAB9VH468881	300			•		
Legal Entity 0528 Regular (include eligible Preschool/Kindergarten pupils riding this route Regular (include eligible Preschool/Kindergarten riders) Ist Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonesident and no attendance agreement that would otherwise allow nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (include ineligible) Preschool/Kindergarten riders) We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation are assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation area assigned and approved they well as exercised by 20-10-101, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation area assigned by 20-10-101, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation area. We understand that violations of the laws, rules or regulations governing school transportation area. We also agree to refrain from soliciting or causing others to solicit students from other transportation area. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approved of the low, rules or regulations governing school transportation area. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee. Date County Transpor	Reimbursement Distribution- En	ter the legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages
PASSENGER INFORMATION Without of Preschool/Kindergarten pupils riding this route Begular (include eligible Preschool/Kindergarten riders) Tast Wheelchair (WC) 2nd Wheelchair (WC) 3nd Wheelchair (WC) 7nd Eligible Riders (i.e., under 3 miles OR nonresident riders to be eligible) (include ineligible Preschool/Kindergarten riders) (include ineligible Preschool/Kindergarten riders) Total Eligible Riders (i.e., under 3 miles OR nonresident riders to be eligible) (include ineligible Preschool/Kindergarten riders) Total Eligible Riders (i.e., under 3 miles OR nonresident riders to be eligible) (include ineligible Preschool/Kindergarten nders) Nonyubic School Riders (i.e., under 3 miles OR nonresident riders to be eligible) (include ineligible Preschool/Kindergarten nders) We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation area assigned and approved the transportation area assigned and approved the transportation area assigned and approved the transportation area assigned to retrain from solicing or causing others to operate such whethe as required by 20-10-103, Kdo. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the blass each report to the blass and bus or regulations government potentials bus route. We agree that if this route crosses district lines and transports students from obtaide the district, a copy of the agreement between Boards, 20-10-130 (ACA, Supried by the school) based and paproved diver to operate such whelloe as required to a causing others transportation area. Lettify					,	Legal Entit	у
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PASSENGER INFORMATION Number of Preschool/Kindergarten pupils riding this route Case Anumber of Preschool/Kindergarten pupils riding this route Case Anumber of Preschool/Kindergarten pupils riding this route Case Anumber of Preschool/Kindergarten riders)	% 62.00	% 38	.00) %		%	
Number of Preschoot/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS S		,,, 33		70		70	_
NUMBER NUMBER A + b Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (include ineligible) (include ineligible) Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent asserts as exceptioned by the Board of Public Education, the Montana Highway Patrol and the State Superintendent, and to provide a lectionesd, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent asserts as a setablished by the Board of Public Education, the Montana Highway Patrol and the State Superintendent, and to provide a lectionesd, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from solicing or causing others to solicit sudents from other transportation areas. We also agree to refrain from solicing are susing others to solicit sudents from other transportation areas. We also agree to refrain from solicing or causing others to solicit sudents from other transportation areas. We appear that if his route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20		ten pupils riding		_		_	_
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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.	County Transportation Committee. We agree to supervision of this bu required; to provide a vehicle which r Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of t this bus route. We agree that if this route crosses the school boards of both districts sh We understand route changes oc accordance with 20-10-132, MCA. I certify that this application for rebus operates on the route as ap	We further certify that us and bus route by meets the minimum ensed, qualified and citing or causing othe laws, rules or recommended in the laws, rules or rules or recommended in the laws, rules or rules or rul	It this bus transports pupils of the State Superintendent; to standards as established by approved driver to operate se ers to solicit students from of gulations governing school transports students from outsi e county superintendent's co- chool year require the filing of the cool bus and state reimbu	eligible for school to make such report the Board of Publicuch vehicle as receither transportation ransportation will be tide the district, a copy of this document an amended TR	transportation as defined by ts to the State Superintende lic Education, the Montana quired by 20-10-103, MCA. n areas. De sufficient cause for with except of the agreement betweent. 1-1 form and approval of the and complete to the best	v 20-10-101, MC. ent and County S Highway Patrol a olding of state an een Boards, 20- County Transport at of my knowle sportation Cor	A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the
	This Application for Registration	of School Bus an	d State Reimbursement				
, y q			Committee.			Date	



This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that	
Due Date:		· ·	County Supt	To OPI	F	Rate Per Mile	
All Routes	S	Octo	ober 1	October 15	·	\$1.57	
County Name		County Number	District Nar	me		Legal Entity Number	
Lincoln		27		Public Schools		0527 0528	
Route #	Length of Route	(miles per day)	Type of Se	rvice Bus Route Mile Non Bus Milea		Rated Capacity	
3	67.6			te Mileage		72	
Vehicle I.D. #	License #			District Owned District Owned Contract - If so, Name of Owner			
1HVBBAB9VH468881	300	d rate per mile					
Reimbursement Distribution- Er	nter the legal entity		e of state/county natch budget!	reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 0527	Legal Entity	y 528	Legal Entity	1	Legal Entity	у	
% 62.00	% 38	.00	%		%		
PASSENGER INFORMATION		ELEMENTARY	RIDERS	HIGH SCHOOL F	RIDERS	TOTAL	
Number of Preschool/Kindergar this route	rten pupils riding	(Grades P	_	(Grades 9-1	_	ELIGIBLE RIDERS	
		a NUMBE	R	b NUMBER		c a+b	
Regular (include eligible Preschool/l							
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	I Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre							
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	o be eligible)						
Nonpublic School Riders (ineligible)	,						
TOTAL RIDERS							
We hereby certify that this bus w	ill operate entirely on	the route established by th	e Board of Trustee	es and within the transportati	on area assigne	ed and approved by the	
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	ous and bus route by t	he State Superintendent; to	o make such repoi	ts to the State Superintende	nt and County S	Superintendent as are	
Superintendent; and to provide a lice We also agree to refrain from sol	ensed, qualified and a liciting or causing other	approved driver to operate ers to solicit students from (such vehicle as re- other transportatio	quired by 20-10-103, MCA. n areas.			
We understand that violations of this bus route.	, ,	0 0			· ·	•	
We agree that if this route crosses the school boards of both districts sl	hall be attached to the	e county superintendent's c	opy of this docum	ent.		.,	
We understand route changes of accordance with 20-10-132, MCA.		, ,					
I certify that this application for bus operates on the route as ap	registration of scho oproved by and witl	ool bus and state reimbu hin the transportation se	ırsement ıs true ervice area assiç	and complete to the best gned by the County Trans	of my knowle sportation Cor	edge and belief, and the nmittee.	
Signature - Chair, Board of Trustees					Date		
County	Transportation Co	ommittee Approval as	required in acc	ordance with Section 2	0-10-132, MC	A.	
This Application for Registration area assigned to it by the Coun	n of School Bus and	d State Reimbursement					
Signature - Chair, County Transport					Date		



This form is required in accorda receives state reimbursement e								
Due Dates All Routes				ount ober 1	ty Supt 1	To OPI October 15		Rate Per Mile \$1.36
County Name			County Number		District Nam	ne		Legal Entity Number
Lincoln			27		Eureka P	ublic Schools		0527 0528
Route #	Length of	Route (miles per day)		Type of Service ☐ Bus Route M			Rated Capacity
2A	67.8			F	Bus Rout	□ Non Bus Mileage ite Mileage		65
Vehicle I.D. #	Licer	nse #			District Ow		District Own	ed
1HVBBABP7WH568771	332)				f so, Name of Owner rate per mile		
Reimbursement Distribution- Er	nter the lega	al entity				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity Legal Entity					budget! Legal Entity		Legal Entit	ry .
0527			528					
% 62.00	%	% 38.0	00	%		%		
PASSENGER INFORMATION	70	% 30.I	00		70		70	
	da a sa sa Sa sa		ELEMENTARY		ERS	HIGH SCHOOL	_	TOTAL
Number of Preschool/Kindergar this route	ten pupils ri	laing	(Grades Pl	K-8)		(Grades 9-	12)	ELIGIBLE RIDERS
a NUMBER		D		b NUMBER		c a+b		
Regular (include eligible Preschool/Kindergarten riders)			NOMBL	11		NOMBLI	`	415
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,	under 3 miles	s OR						
nonresident and no attendance agree	be eligible)	oula						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)							
TOTAL RIDERS								
We hereby certify that this bus with County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lick. We also agree to refrain from solution with the content of the content of the content of the country of the content of the co	We further celus and bus romeets the mirensed, qualificating or caus	ertify that oute by the nimum so ed and a sing othe	this bus transports pupils one State Superintendent; to tandards as established by pproved driver to operate size to solicit students from o	eligible o make / the B such v other to	e for school to be such report Board of Publicy Wehicle as requestransportation	ransportation as defined by is to the State Superintende ic Education, the Montana juired by 20-10-103, MCA. a areas.	· 20-10-101, MC ent and County S Highway Patrol a	A. Superintendent as are and the State
this bus route. We agree that if this route crosse the school boards of both districts shade we understand route changes or accordance with 20-10-132, MCA.	nall be attache	ed to the	county superintendent's c	opy of	f this docume	nt.	,	() , , ,
I certify that this application for it bus operates on the route as ap								
Signature - Chair, Board of Trustees						,	Date	
County	Franchartat	tion Co	mmittee Approval as	rogui	ired in acco	ordance with Section 2	20-10-132 MC	<u>`</u> Λ
This Application for Registration area assigned to it by the Count	of School E	Bus and	State Reimbursement					
Signature - Chair, County Transport							Date	



1 copy State Supt.1 copy County Supt.1 copy School District

School Year 2005 - 2006 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name Legal Entity Number County Number District Name Lincoln Eureka Public Schools 0527 0528 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 6 68.2 72 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 4UZAAXDD74CM32348 196 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0527 0528 62.00 38.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application to	or registration of school bus and sta	ite reimbursement is true and comp	lete to the best of my knowled	ge and belief, and the
bus operates on the route as	approved by and within the transpo	ortation service area assigned by the	e County Transportation Comr	nittee.

Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee

area accigned to hely the county transportation committee.	
Signature - Chair, County Transportation Committee	Date



This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.							
Due Dates:		To County Supt		To OPI	F	Rate Per Mile	
All Routes		Octob	er 1	October 15		\$1.57	
County Name		County Number	District Nan	ne		Legal Entity Number	
Lincoln		27		ublic Schools		0527 0528	
Route #	Length of Route	(miles per day)	Type of Ser	vice Bus Route Mile Non Bus Mileag		Rated Capacity	
8	154.2	1	Bus Rout	e Mileage		72	
Vehicle I.D. #	License #		 □ District Owned □ Contract - If so, Name of Owner 			ed	
1HVBBAPB8TH376125	433		□ Contracted	I rate per mile			
Reimbursement Distribution- Ent	er the legal entity		of state/county tch budget!	reimbursement to be pai	d to each dis	trict. Note: Percentages	
Legal Entity 0527	Legal Entity	/ 528	Legal Entity	,	Legal Entity	egal Entity	
% 62.00	% 38.	.00	%		%	<u> </u>	
PASSENGER INFORMATION		ELEMENTARY R	IDEDS	HIGH SCHOOL R	IDEDS	TOTAL	
Number of Preschool/Kindergarte this route	en pupils riding	(Grades PK-		(Grades 9-12		ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/Ki	Regular (include eligible Preschool/Kindergarten riders)		NUMBER			аты	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u nonresident and no attendance agree otherwise allow nonresident riders to	ement that would						
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.							
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees					Date		
County To This Application for Registration area assigned to it by the County	of School Bus and	d State Reimbursement h		ordance with Section 20 wed and I certify that this I			
Signature - Chair, County Transportar					Date		



This form is required in accorda receives state reimbursement e							
Due Dates All Routes			ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.36	
County Name		County Number	District Nar	me		Legal Entity Number	
Lincoln		27	Eureka F	Public Schools		0527 0528	
Route #	Length of Route	(miles per day) Type of Service □ Bus Route M				Rated Capacity	
7	105.1		□ Non Bus Milea Bus Route Mileage		65		
Vehicle I.D. #	License #		□ District Owned District C		District Own	wned	
1HVBRABM41A938173	401			If so, Name of Owner drate per mile			
Reimbursement Distribution- Er	ter the legal entity			y reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Entit	у	atch budget! Legal Entity	/	Legal Entity		
0527	0	528					
% 62.00	% 38	.00	%		%		
PASSENGER INFORMATION	70 33		,,,				
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Ph	_	HIGH SCHOOL I (Grades 9-7	_	TOTAL ELIGIBLE RIDERS	
		a NUMBEI	₹	b NUMBER	?	c a+b	
Regular (include eligible Preschool/h	Kindergarten riders)	HOWBE		Nomber	`	4 1 2	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	ement that would be be eligible)						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees Date							
County 7 This Application for Registration		ommittee Approval as i					
area assigned to it by the Count Signature - Chair, County Transport	ty Transportation (Date		
Signature - Onair, County Transport	anon Committee				Date		



Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.15 County Name County Number District Name Legal Entity Number Lincoln Fortine Elementary Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 82 54 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1GBL7T1C84J512652 542 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0529 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Signature - Chair, County Transportation Committee



1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Lincoln Fortine Elementary 0529 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 2 42 35 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Lenore Burgess 0826 **TEMP** Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0529 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Lincoln McCormick Elementary 0530 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 66.8 41 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1GBJ6P1B9KV113886 363 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0530 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Lincoln Trego Elementary 0534 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 54.2 71 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1GBL6PIG2KV105486 577 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0534 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Signature - Chair, County Transportation Committee



This form is required in accorda receives state reimbursement e						
Due Date : All Routes			county Supt ober 1	To OPI October 15		Rate Per Mile \$1.57
County Name		County Number	District Nar	ne		Legal Entity Number
Lincoln		27	Trego Elementary			0534
Route #	Length of Route	(miles per day)	(miles per day) Type of Service ☐ Bus Route Mi			Rated Capacity
5	31.6		□ Non Bus Mileag Bus Route Mileage		71	
Vehicle I.D. #	License #		□ District Owned District Owned		ed	
1GBL6PIG2KV105486	577			If so, Name of Owner drate per mile		
Reimbursement Distribution- Er	nter the legal entit			y reimbursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity	Legal Ent		must match budget! Legal Entity		Legal Entity	
0534						
% 100.00	%		%		%	
PASSENGER INFORMATION	/0		/0		/0	_
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Ph	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
	a NUMBER		R	b NUMBER		c a+b
Regular (include eligible Preschool/Kindergarten riders)		HOMBER				4 1 2
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Non-WC IEP Lists Trans as Related Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agree otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	eement that would be be eligible)					
TOTAL RIDERS						
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the						
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.						
Signature - Chair, Board of Trustees					Date	
This Application for Registration area assigned to it by the Count	n of School Bus ar ty Transportation					
Signature - Chair, County Transport	ation Committee				Date	



Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Lincoln Trego Elementary 0534 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 8 22 66 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1GBL6PIG9LV106412 359 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0534 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Signature - Chair, County Transportation Committee



Date

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For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us

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Signature - Chair, County Transportation Committee